

Can You Believe It? An Abbreviation of the Magical Ideation Scale

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ABSTRACT – Magical ideation reflects beliefs in implausible forms of causation and is commonly assessed using Eckblad and Chapman's Magical Ideation Scale (MIS). Although widely used, the 30-item MIS can be burdensome in research requiring brief assessment. The present study developed and evaluated a shortened 7-item version of the MIS in a sample of 188 university students. Seven items meeting a conservative item–total correlation criterion were retained to form the Magic-7. The abbreviated scale demonstrated acceptable internal consistency ($\alpha = .77$), a unidimensional structure, and strong correspondence with the full MIS ($r = .84$), sharing over 70% of its variance. Scores were unrelated to age or gender. Results support the Magic-7 as a brief, psychometrically sound measure of magical ideation suitable for stand-alone use. Additional research is needed to confirm its validity.

Keywords:

Magical ideation;
Schizotypy; Scale
development;
Individual
differences; Belief
systems; Short forms

Introduction

Magical ideation refers to beliefs in implausible or nonconventional forms of causation, such as the assumption that thoughts, symbols, or unrelated actions can directly influence external events in ways that violate commonly accepted physical or logical principles (Eckblad & Chapman, 1983; Claridge, 1997). Within personality and psychopathology research, magical ideation has most often been examined as a core component of positive schizotypy, reflecting unusual beliefs and ideational experiences distributed continuously in the general population (Claridge, 1997; Kwapil et al., 2008).

Importantly, magical ideation is not merely a proxy for global schizotypy. It captures a specific cognitive–belief style involving symbolic causation and thought–event fusion that shows partially independent associations with imagination, meaning-making, and anomalous experience, distinguishing it from perceptual aberration, anhedonia, and interpersonal deficits assessed by other Wisconsin scales (Claridge, 1997; Raine, 1991).

The most widely used measure of this construct is the Magical Ideation Scale (MIS) developed by Eckblad and Chapman (1983). The MIS consists of 30 dichotomous (true/false) items and was introduced within the Wisconsin psychometric high-risk tradition to index schizotypal traits in nonclinical samples. In this framework, elevated magical ideation is conceptualized as a personality-based vulnerability marker rather than a diagnostic indicator, anticipating later dimensional models of schizotypy and psychosis risk (Claridge, 1997; Lenzenweger, 2010).

The MIS has demonstrated adequate internal consistency (typically $\alpha \approx .80-.85$) and strong convergent validity with other indicators of positive schizotypy, including the Perceptual Aberration Scale and interview-based schizotypal traits (Eckblad & Chapman, 1983; Kwapil et al., 2008). Factor-analytic research consistently situates magical ideation within a positive schizotypy factor, distinct from negative and disorganized dimensions (Kwapil et al., 2008), consistent with broader multidimensional models of schizotypy (Claridge, 1997; Raine, 1991).

Longitudinal studies further support the construct validity of magical ideation. Elevated scores on Chapman-style psychosis-proneness scales, including the MIS, have been associated with increased likelihood of later psychotic-like experiences and schizophrenia-spectrum outcomes, although most individuals with elevated scores do not develop clinical disorders (Gooding et al., 2005; Lenzenweger, 2010). These findings underscore that magical ideation reflects a risk-related cognitive disposition rather than pathology.

Beyond clinical-risk research, the MIS has been widely used in studies of cognition, belief systems, and anomalous experience. Magical ideation has been linked to traits such as absorption, openness to experience, and boundary thinness, suggesting that it indexes a broader cognitive–experiential style characterized by intuitive, symbolic, and associative thinking (Claridge, 1997). The scale has also appeared in neuroscience-related research, including work linking magical ideation to sleep physiology and dream-related phenomena (e.g., Lustenberger et al., 2015).

Although the MIS includes content that overlaps superficially with paranormal or spiritual beliefs, magical ideation is conceptually distinct from both. Paranormal belief measures typically assess endorsement of culturally shared belief systems (e.g., astrology, extrasensory perception), whereas the MIS emphasizes idiosyncratic causal reasoning and personal belief endorsement that departs from consensual explanations (Eckblad & Chapman, 1983; Claridge, 1997). Similarly, spirituality and religiosity often involve structured meaning systems and communal practices that do not necessarily imply implausible causation. In contrast, magical ideation reflects a cognitive style rather than a value-based or cultural worldview and remains more strongly embedded within the positive schizotypy nomological network (Claridge, 1997; Raine, 1991).

Despite its strong empirical foundation, several considerations motivate the development of shortened versions of the MIS. First, the 30-item length can increase respondent burden in studies that include multiple schizotypy measures or broad personality batteries. This issue is particularly salient in contemporary research contexts involving online sampling, large-scale

surveys, or multimodal protocols. Second, as with many legacy true/false instruments, some MIS items show skewed endorsement rates or sensitivity to cultural interpretation. Short forms allow researchers to retain the most discriminating indicators while reducing redundancy and measurement noise. Finally, abbreviated measures facilitate the inclusion of magical ideation in interdisciplinary and applied research where assessment time is limited but theoretical relevance remains high.

The most systematically developed abbreviated version of the MIS appears in the Wisconsin Schizotypy Scales short-form program (Winterstein et al., 2011). In this work, the original 30-item MIS was reduced to a 15-item short form using psychometric criteria such as item discrimination, endorsement frequency, and differential item functioning, while preserving conceptual coverage. Although this short form demonstrates acceptable reliability and validity, it was designed for use within a multi-scale schizotypy battery and optimized for joint modeling of positive and negative schizotypy dimensions (Kwapil et al., 2008; Winterstein et al., 2011), limiting its suitability as a stand-alone measure.

A second abbreviated form, often described as a 10-item adapted MIS, has been cited in sleep and neuroscience-oriented studies (e.g., Lustenberger et al., 2015; Garzitto et al., 2016). However, the specific item content and selection rationale for this version are not consistently reported, limiting reproducibility and cumulative validation. More broadly, ad hoc subsets of MIS items have been used in applied research, reflecting demand for brevity but lacking systematic development.

Together, the literature highlights the enduring value of the Magical Ideation Scale and the need for a clearly documented, psychometrically rigorous short form suitable for contemporary research. Existing abbreviated versions are either embedded within broader schizotypy batteries or insufficiently specified. The present study addresses this gap by developing and evaluating a shortened MIS intended for stand-alone use while preserving the conceptual and empirical integrity of the original scale.

Method

Participants and Procedure

After providing informed consent, 188 university students (47 men, 141 women) enrolled in undergraduate social science courses completed the measure described below as part of a larger, unrelated study on personality. Participants ranged in age from 18 to 39 years ($M = 22.31$, $SD = 3.71$). Participation was voluntary and anonymous. All study procedures were conducted in accordance with ethical standards outlined in the Declaration of Helsinki.

Measure

Magical Ideation Scale (MIS). Magical ideation was assessed using Eckblad and Chapman's (1983) MIS, a 30-item self-report measure responded to in a true–false format. Items assess endorsement of uncommon beliefs and atypical causal reasoning (e.g., thought–event fusion, symbolic causation). Items are summed such that higher scores indicate greater magical ideation. Prior research has reported adequate test–retest reliability over a one-month interval ($r = .80$;

Muntaner et al., 1988), good internal consistency ($\alpha = .82-.85$), and evidence of construct validity (Eckblad & Chapman, 1983).

Statistical Analysis

Corrected item–total correlations were computed for all MIS items. Consistent with recommendations for short-form scale development emphasizing retention of highly discriminating indicators (DeVellis & Thorpe, 2021), items with corrected item–total correlations of $\geq .50$ were selected to identify the strongest markers of the underlying construct. Internal consistency reliability was examined using coefficient alpha.

To evaluate the structure of the abbreviated scale, principal components analysis (PCA) was conducted. PCA was selected as an exploratory approach to examine dimensionality of the short-form rather than confirm its dimensions. Associations with demographic variables were examined using Pearson correlations with age and an independent-samples *t*-test comparing men and women. Finally, a Pearson correlation between the abbreviated scale and the full MIS was calculated to evaluate the degree to which the shortened measure captured variance in the original scale.

Results

The coefficient alpha for the full 30-item MIS in the present sample was .836, consistent with prior research. The mean MIS score was 7.03 ($SD = 5.10$). Corrected item–total correlations for all MIS items are presented in Table 1.

Seven items demonstrated corrected item–total correlations of .50 or greater and were retained to form the abbreviated scale, hereafter referred to as the Magic-7. Internal consistency reliability for the Magic-7 was $\alpha = .774$, indicating acceptable reliability given the reduced number of items. The mean summed Magic-7 score was 1.48 ($SD = 1.85$), ranging from 0–7, $Mdn = 1$. The distribution of Magic-7 scores was moderately positively skewed (skewness = 1.36) with acceptable kurtosis (1.15), suggesting no substantial deviation from normality.

Principal components analysis of the Magic-7 yielded a single component with an eigenvalue of 3.02, accounting for 43.2% of the total variance. Component loadings ranged from .56 to .73, supporting a unidimensional structure.

Magic-7 scores were not significantly associated with age, $r = -.02$, $p = .80$, and did not differ significantly between men and women, $t(186) = 1.05$, $p = .30$. As expected, Magic-7 scores were strongly correlated with total MIS scores, $r = .84$, $p < .001$, indicating that the abbreviated scale shared 70.6% of its variance with the full measure suggesting convergent validity with additional MIS markers.

Discussion

The present study developed and evaluated a brief version of the Magical Ideation Scale by retaining the most strongly discriminating items from the original 30-item measure. Seven items meeting a conservative item–total correlation criterion were retained to form the Magic-7, a short measure designed for stand-alone use. Results indicate that the Magic-7 demonstrates acceptable internal consistency, a clear unidimensional structure, and strong correspondence with the full MIS, supporting its utility as a parsimonious index of magical ideation.

Table 1: Item-total scale correlations for Magical Ideation Scale items controlling age and gender

Item	Item-Total <i>r</i>
1. Others thinking about me brings awareness	.46
2. Not being human	.30
3. Sidewalk cracks	.18
4. I could learn to read minds	.58
5. Horoscopes are right	.30
6. Things in different places	.51
7. Numbers with special powers	.15
8. Broadcaster knows I'm listening	.35
9. People on other planets influence	.33
10. Flying saucers	.29
11. Messages for me in the arrangement of things	.49
12. My dreams aren't my own	-.12
13. Good luck charms	.41
14. Sounds on recordings	.47
15. Strangers' hand motions influence me	.28
16. Precognitive dreams	.43
17. People have been replaced	.35
18. Thinking of others can harm them	.34
19. Sensed an evil presence	.34
20. Changes in energy levels as response to others	.51
21. Strangers in love with me	.39
22. My thoughts belong to others	.21
23. Wonder if I have known strangers before	.19
24. Reincarnation	.52
25. People are part of an experiment	.24
26. Rituals	.52
27. Causing things by thinking	.50
28. Spirits of the dead influence the living	.46
29. Lectures are meant for me	.27
30. Strangers reading my mind	.57

Note: $N = 184$. Coefficients at .50 or greater are denoted in bold. Item numbers and brief content descriptors are provided for reference only. Full item wording from the Magical Ideation Scale (Eckblad & Chapman, 1983) is copyrighted by the American Psychological Association and is not reproduced here.

The internal consistency of the Magic-7 ($\alpha = .77$) is consistent with expectations for short-form scales and compares favorably with other abbreviated personality measures developed through

item-reduction approaches (Smith et al., 2000; Ziegler et al., 2014). Principal components analysis supported a single dominant component, with all items loading moderately to strongly, aligning with conceptualizations of magical ideation as a coherent belief-based cognitive style within the positive schizotypy domain (Claridge, 1997; Kwapil et al., 2008). Importantly, the Magic-7 shared over 70% of its variance with the full MIS, indicating that substantial construct coverage was preserved despite the reduction in scale length.

Cross-referencing the Magic-7 with the 15-item MIS short form developed by Winterstein et al. (2011) indicates substantial convergence. Six of the seven retained Magic-7 items were also selected in the Winterstein short form, which was derived using item response theory and differential item functioning analyses, suggesting that the Magic-7 captures a core subset of high-discrimination magical ideation indicators robust across analytic approaches. The single non-overlapping item—reflecting perceived changes in personal energy in response to others—was retained because it demonstrated strong item–total discrimination in the present sample and represents an embodied interpersonal aspect of symbolic causal experience not emphasized in more cognitively focused item sets.

These findings converge with prior work on abbreviated schizotypy measures. For example, the Wisconsin Schizotypy Scales short-form program demonstrated that carefully selected items can retain structural validity and criterion relevance when scale length is substantially reduced (Winterstein et al., 2011). Similarly, shorter adaptations of the MIS have been used successfully in applied contexts, including sleep and neuroscience research (Lustenberger et al., 2015). The present study extends this literature by offering a transparent, stand-alone short form with explicitly documented selection criteria, addressing a reproducibility limitation of some prior abbreviated implementations.

Notably, Magic-7 scores were unrelated to age and did not differ by gender, consistent with much of the MIS literature in nonclinical samples (Eckblad & Chapman, 1983; Garzitto et al., 2019). This demographic stability suggests that the abbreviated scale retains the normative properties of the original measure. More broadly, by isolating the belief-based and symbolic causal reasoning component of schizotypy, the Magic-7 may be particularly useful in research contexts where full schizotypy batteries are impractical or theoretically unnecessary, such as studies of imagination, meaning-making, or anomalous experience.

Several limitations of the current study should be noted. First, the sample consisted of undergraduate students, which may limit generalizability to older, community, or clinical populations. Replication among more diverse samples is needed. Second, the present study focused on internal structure and correspondence with the original MIS; external validity evidence was not directly examined. Third, principal components analysis was used as a data-reduction approach; future research could employ confirmatory factor analysis or item response theory methods to further evaluate dimensionality and item functioning across the trait continuum. Additionally, the true–false response format inherited from the original MIS may constrain variability and sensitivity. While retaining this format preserves continuity with prior research, future studies may wish to explore Likert-type adaptations to enhance measurement precision.

Future research should examine the convergent and discriminant validity of the Magic-7 by evaluating associations with related constructs such as perceptual aberration, absorption, openness to experience, and paranormal belief, as well as its distinction from spirituality and culturally normative belief systems. Longitudinal studies could assess temporal stability and predictive validity, including links with cognitive–affective outcomes such as worry, sleep disturbance, or anomalous perceptual experiences. Cross-cultural research and measurement-invariance testing would further clarify the generalizability of the abbreviated scale.

In sum, the Magic-7 represents a brief, psychometrically sound measure of magical ideation that maintains strong correspondence with the original MIS while substantially reducing assessment burden while preserving the core psychometric and conceptual features of the original MIS. By providing a clearly specified and stand-alone short form, this study contributes a practical tool for contemporary individual-differences research and supports continued investigation of magical ideation as a meaningful cognitive–belief construct in its own right.

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References

- Claridge, G. (1997). *Schizotypy: Implications for illness and health*. Oxford University Press.
- DeVellis, R. F., & Thorpe, C. T. (2021) *Scale development: Theory and applications* (5th ed.). Sage.
- Eckblad, M., & Chapman, L. J. (1983). Magical ideation as an indicator of schizotypy. *Journal of Consulting and Clinical Psychology*, 51(2), 215–225. <https://doi.org/10.1037/0022-006X.51.2.215>
- Garzitto, M., Picardi, A., Fornasari, L., Gigantesco, A., Sala, M., Fagnani, C., Stazi, M. A., Ciappolino, V., Fabbro, F., Altamura, A. C., & Brambilla, P. (2016). Normative data of the Magical Ideation Scale from childhood to adulthood in an Italian cohort. *Comprehensive Psychiatry*, 69, 78–87. <https://doi.org/10.1016/j.comppsy.2016.05.007>
- Gooding, D. C., Tallent, K. A., & Matts, C. W. (2005). Clinical status of at-risk individuals 5 years later: Further validation of the psychometric high-risk strategy. *Journal of Abnormal Psychology*, 114(1), 170–175. <https://doi.org/10.1037/0021-843X.114.1.170>
- Kwapil, T. R., Barrantes-Vidal, N., & Silvia, P. J. (2008). The dimensional structure of the Wisconsin Schizotypy Scales: Factor identification and construct validity. *Schizophrenia Bulletin*, 34(3), 444–457. <https://doi.org/10.1093/schbul/sbm098>
- Lenzenweger, M. F. (2010). *Schizotypy and schizophrenia: The view from experimental psychopathology*. Guilford Press.

- Lustenberger, C., O'Gorman, R. L., Pugin, F., Tüshaus, L., Wehrle, F., Achermann, P., & Huber, R. (2015). Sleep spindles are related to schizotypal personality traits and thalamic glutamine/glutamate in healthy subjects. *Schizophrenia Bulletin*, 41(2), 522–531. <https://doi.org/10.1093/schbul/sbu109>
- Muntaner, C., Garcia-Sevilla, L., Fernandez, A., & Torrubia, R. (1988). Personality dimensions, schizotypal and borderline personality traits and psychosis proneness. *Personality and Individual Differences*, 9(2), 257–268. [https://doi.org/10.1016/0191-8869\(88\)90087-6](https://doi.org/10.1016/0191-8869(88)90087-6)
- Raine, A. (1991). The SPQ: A scale for the assessment of schizotypal personality based on DSM–III–R criteria. *Schizophrenia Bulletin*, 17(4), 555–564. <https://doi.org/10.1093/schbul/17.4.555>
- Smith, G. T., McCarthy, D. M., & Anderson, K. G. (2000). On the sins of short-form development. *Psychological Assessment*, 12(1), 102–111. <https://doi.org/10.1037/1040-3590.12.1.102>
- Winterstein, B. P., Silvia, P. J., Kwapil, T. R., Kaufman, J. C., Reiter-Palmon, R., & Wigert, B. (2011). Brief assessment of schizotypy: Developing short forms of the Wisconsin Schizotypy Scales. *Personality and Individual Differences*, 51(8), 920–924. <https://doi.org/10.1016/j.paid.2011.07.027>
- Ziegler, M., Kemper, C. J., & Kruey, P. (2014). Short scales – Five misunderstandings and ways to overcome them. *Journal of Individual Differences*, 35(4), 185–189. <https://doi.org/10.1027/1614-0001/a000148>